

BACTrack: A Surveillance Technique for Detecting and Locating Bioagent Attacks

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10 June 2003

This work was sponsored under Air Force contract F19628-00-C-0002. The views expressed are those of the Author and do not reflect official policy or position of the United States government

Public reporting burden for the collection of information is estimated t maintaining the data needed, and completing and reviewing the collect including suggestions for reducing this burden, to Washington Headqu VA 22202-4302. Respondents should be aware that notwithstanding at does not display a currently valid OMB control number.	ion of information. Send comments arters Services, Directorate for Info	regarding this burden estimate or rmation Operations and Reports	or any other aspect of the property of the contract of the con	his collection of information, Highway, Suite 1204, Arlington	
1. REPORT DATE 10 JUN 2003	2. REPORT TYPE N/A		3. DATES COVE	ERED	
4. TITLE AND SUBTITLE			5a. CONTRACT NUMBER		
BACTrack: A Surveillance Technique for Detecting and Locating Bioagent Attacks			5b. GRANT NUMBER		
Divagent Attacks		5c. PROGRAM ELEMENT NUMBER			
6. AUTHOR(S)			5d. PROJECT NUMBER		
			5e. TASK NUMBER		
			5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) MIT Lincoln Laboratory 244 Wood Street Lexington, MA 02420-9108				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)			10. SPONSOR/MONITOR'S ACRONYM(S)		
			11. SPONSOR/M NUMBER(S)	IONITOR'S REPORT	
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release, distribution	on unlimited				
13. SUPPLEMENTARY NOTES See also ADM001576., The original do	cument contains co	lor images.			
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:		17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON	
a. REPORT b. ABSTRACT unclassified unclassified	c. THIS PAGE unclassified	UU	13	RESPONSIBLE PERSON	

Report Documentation Page

Form Approved OMB No. 0704-0188

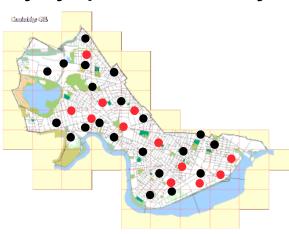


An Example Scenario

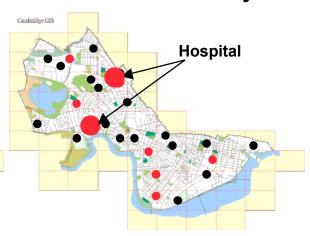
Attack Phase - day 0

Attack Location

Early Symptom Phase – day 2



Treatment Phase- day 5



- Covert Anthrax attack on T station
- Victims are infected but show no signs of illness

Localized population
Timely
Not detectable

- Some victims show nonspecific symptoms
- Victims are widely distributed geographically

Cannot detect Cannot localize

- More victims begin to show signs of illness
- The sickest victims report to ER and doctors offices

Not Localized
Not Timely
Detectable



BACTrack

Biological Attack Correlation Tracker

Attack Phase – day 0 Early Symptom Phase – day 2 Treatment Phase- day 5

Sampled Population

- Participants log a history of location versus time
- When a participant feels ill, they download their symptoms and track history to a central processing facility

BACTrack processing

- Tracks of people reporting current symptoms are played back in time
- Attack detection based on finding area with high concentration of symptomatic participants

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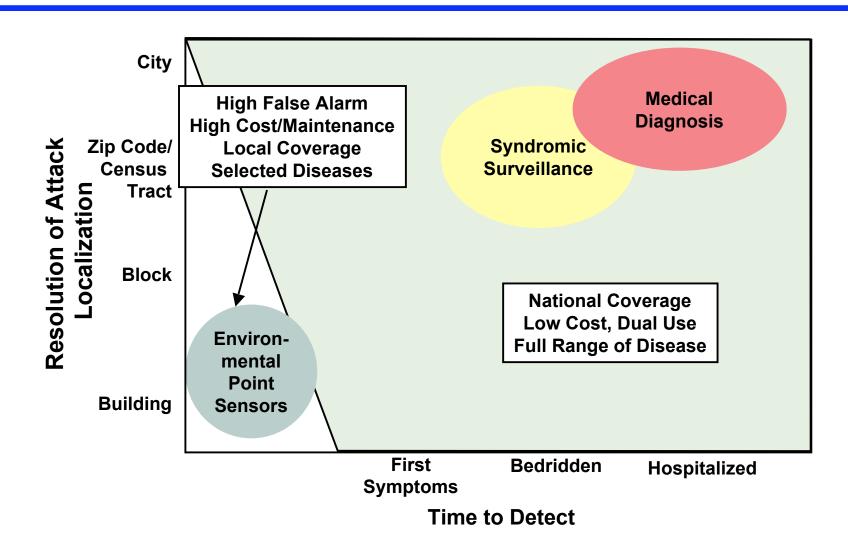


Unique Aspects of BACTrack

- BACTrack performs epidemiology in reverse
 - First postulate a common point of infection, then follow-up to discover nature of ailment
 - Yields simultaneous detection and localization
- Utilizes non-specific symptom information
 - Filters noisy symptom data through geographical correlation
 - Allows automated self-reporting
- Location tracking can yield signal-to-noise gain

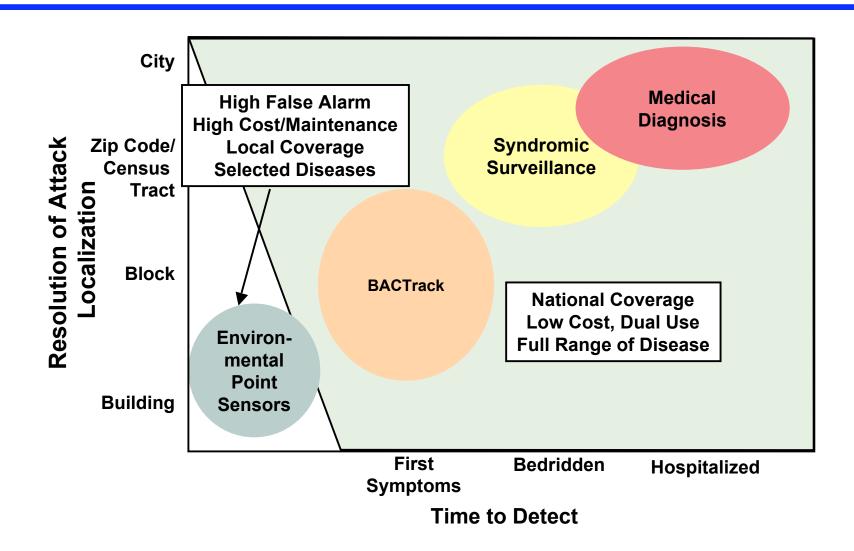


Comparison Of Detection Techniques





Comparison Of Detection Techniques



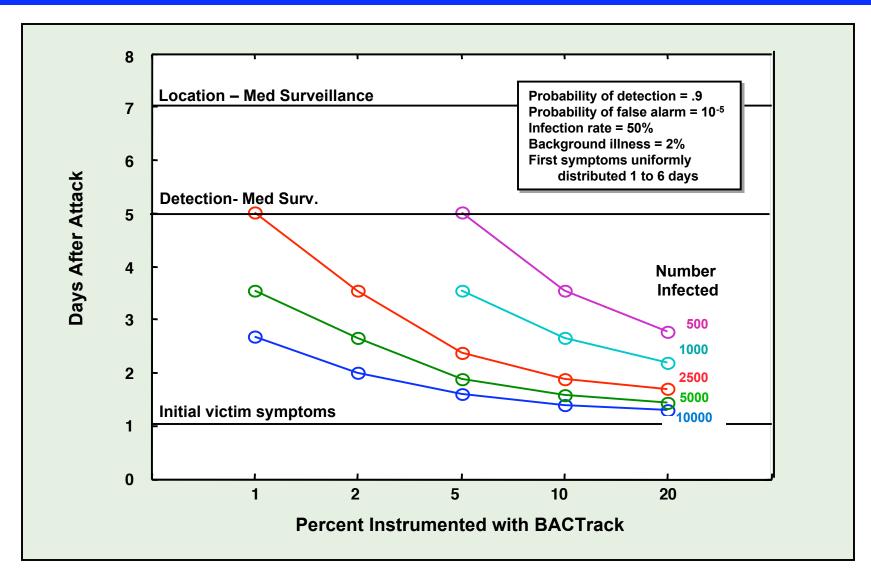


Key Questions

- Detection sensitivity and false alarm rate
 - Attack size
 - Size of instrumented population
 - Ambient background illness
 - Time to detect
- Concept of operations
 - Tracking methods
 - Surveillance algorithms
 - Response



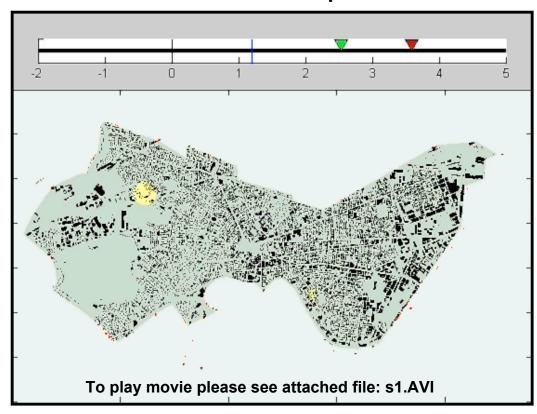
BACTrack Performance

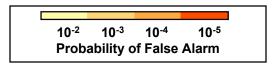




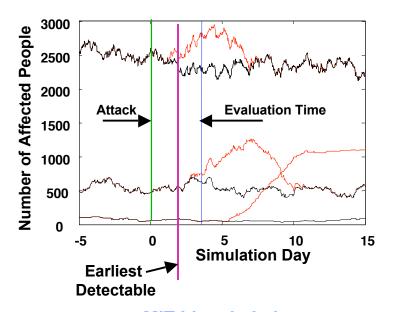
Building Attack Case

Detection Map





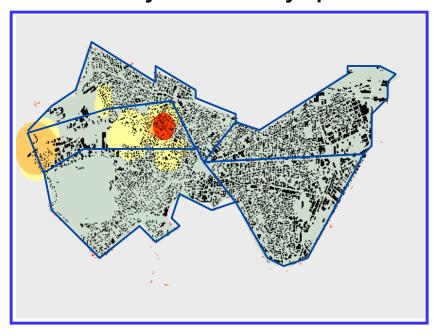
- Scenario: Anthrax is introduced into HVAC system of supermarket at peak shopping hour
- Simulation statistics
 - 10% of population BACTrack instrumented
 - 2% background illness
 - BACTrack detection based on report from 63 victims



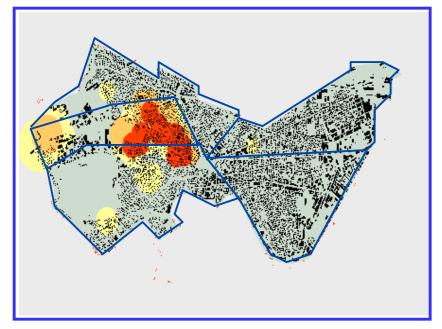


Water-Borne Contamination Case

Evaluation 5 days after contamination 2.5 days after first symptom



Evaluation 7 days after contamination 4.5 days after first symptom



- Waterborne attack detectable < 3 days after first symptom
- Simulation demonstrates public health benefit



BACTrack User Implementation

Location History

 Location tracking/storage using cellphone network (geo-location mandated by 2006)



Subscription Services

- BACTrack location available as a phone provider service
- Interactive Location Based Service forecast to grow to \$4B/year market by 2006

User Reporting

User reports symptoms through automated cell-phone interface using password

Individual reports only releasable with password Summary information available to health department and all users

User Benefits

 User receives public health information including attack alerts and natural disease outbreaks



Response Sequence

		First responders Forensics	Docs/Hospitals Public Health	
Increasing Confidence	Obtain additional site information	Check local eventsPhone callsSite visit	 Increase patient testing Look for other medical indicators Order CDC pushpack Prepare treatment centers 	
	Environmental Testing	On-site bio-analysis Lab tests		
	Medical Alert	• Deny site Access		
	Proxy Testing	Declare as crime sceneSearch for perpetrators	Treat most likely victims	
	General Public Alert		Treat public at large	



Summary

- BACTrack offers a new way to detect and locate bioagent attacks
- The study has shown the utility of coupling location history with health information
 - Earlier detection and location relative to medical surveillance
- The cell-phone location based service market can offer a means to implement BACTrack and to distribute its costs